



**OFFICE OF CONGRESSMAN F. JAMES SENSENBRENNER, JR.
FIFTH DISTRICT OF WISCONSIN
PRIVACY ACT RELEASE**



**US CITIZENSHIP AND IMMIGRATION SERVICE
US DEPARTMENT OF STATE
(For all immigrant and nonimmigrant visas)**

Petitioner information (Please indicate Mr , Ms. , Mrs.)

Name: _____ Address: _____

Phone Number: _____ City: _____

Email: _____ State: _____ Zip: _____

Country of Birth: _____ Alien* #: _____

*If applicable

Beneficiary information (Please indicate Mr , Ms. , Mrs.)

Name: _____ Address: _____

Country of Birth: _____ Phone: _____ D.O.B: _____

Alien #: _____ Email: _____

Receipt #: _____ Receipt Date / Priority Date: _____

Passport Number: _____ Interview Date: _____ Visa Type: _____

Other Members of Congress Contacted: _____

- Forms (check all that apply)**
- G-639 I-90 I-129 I-129F I-130 I-131 I-140 I-212 I-290B I-360 I-485 I-526 I-539 I-589
- I-590 I600 I-600A I-601 I-612 I-690 I-730 I-751 I-765 I-821 I-824 I-829 I-914 (A, B or C)
- I-918 I-924 I-929 N-400 N-600 N-565 Other: _____

I hereby authorize USCIS and the Department of State to release all relevant portions of my records or relevant information pertaining to the problems involved, to Congressman F. James Sensenbrenner Jr., or his staff, until the matter has been resolved. Please note, authorization must be provided by the individual who owns the visa application or petition.

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

Signature: _____ **Date:** _____

Describe Problem: _____

Please attach a letter explaining why you are seeking assistance and provide relevant documentation, if necessary. You may contact my District Office in Brookfield at (262) 784-1111 or (800)242-1119 with any questions.

Please complete and mail or fax this form to:
Congressman Jim Sensenbrenner
120 Bishops Way, Suite 154
Brookfield, WI 53005
Fax (262) 784-9437